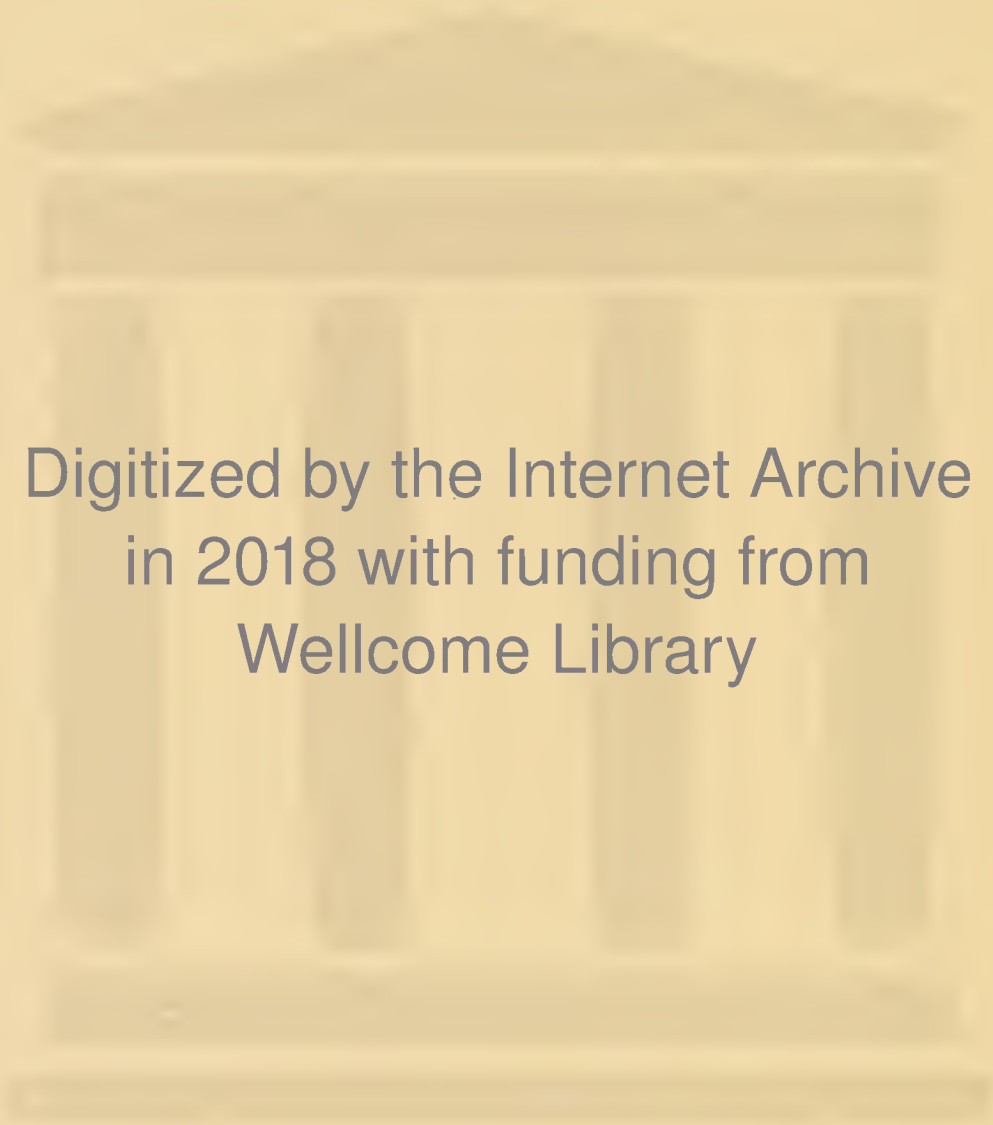

A

SYLLABUS

OF THE

LECTURES ON MIDWIFERY,

DELIVERED AT

GUY'S HOSPITAL.

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GUY'S HOSPITAL.

By DR. HAIGHTON.

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Midwifery is connected with Anatomy, Physiology, Surgery and Medicine; hence it is not so much a detached branch of the medical sciences, as a combination of all these in the peculiar relation they bear to Midwifery. The sciences and the application of them to Midwifery must therefore become so modified by peculiarities as to require a detached consideration.

THE

PRINCIPLES AND PRACTICE

OF

MIDWIFERY.

MIDWIFERY is that branch of medicine which treats of pregnancy and its consequences. It comprehends

Conception,
Utero gestation,
Delivery,
After treatment, or recovery;

and, as a supplementary branch, may be added, the treatment of such infantile diseases as occur during the month.

Conception supposes a previous knowledge of

the structure and œconomy of the organs of generation, and consists of three parts;

1. Anatomical,
2. Physiological,
3. Pathological.

1. The anatomical part of generation comprehends a knowledge of the pelvis, as giving attachment to the genitals; as containing the womb and its appendages; and as being the part through which the child must pass to come into the world.

The situation and structure of the organs of generation, both external and internal, including the mons veneris, labia pudendi, frœnum, perinæum, pudendum, fossa navicularis, clitoris, plexus reteformis, nymphæ, orifice of the urethra, hymen, caruncule myrtiformes, vagina, uterus and its appendages.

2. The physiological part of generation explains the natural and healthy actions of the above-mentioned organs, or their uses, as far as is known.

3. The pathological part of generation describes the various diseases to which the generative organs are incident, and the most effectual modes of administering relief.

The Pelvis .. that assemblage of bones existing at the bottom of the Spine.

There are different kinds of Pelves. The Pelves of brutes differs very much from the human Pelvis: but among the Pelves of human beings, there is a great variety. The male and female are formed differently according to the purposes for which they were intended. The male Pelvis is remarkable for the strength and compactness of the bones. The female, in order to facilitate parturition is made large and capacious, and the bones are lighter & smaller.

The foetal pelvis is smaller in proportion than that of the adult, so that in natural labour, when the head of the child has passed, there is no difficulty in the passage of the pelvis: & when the pelvis presents an in breach cases there is sufficient room, and the child can easily be brought with some difficulty, through the adult pelvis.

Among the pelves of females, there is some variety in size and shape. some are larger than natural: some are too small. some are regular in their form: others are crooked and distorted. All these varieties are of importance to the accoucheur.

The Round Pelvis .. that which comes nearest in size & shape to the generality of Pelves.

We first consider the bony Pelvis, or the bones only, separated from the ligaments which naturally connect them. We find there are two reasons why the Os Innomin-

atum in the Adult is composed of three bones. The first is that they may yield during parturition, the second I must probable is that there are thereby more points of ossification formed. The bones are not completely formed into one at this time of puberty; for by macerating, they will fall into pieces. In midwives have sometimes occasion to speak of these bones, it is right to be acquainted with the english & common names. They are as follow.

Os Ilium, Hip, or Haunch bone
Os Ischium, Sitting bone — Pubis — Share bone
— Sacrum, Rump bone — Coccygis Buckle bone

As a bony cavity, the Pelvis is said to have three parts, the Brim above; the Basket below & the Cavity of the Pelvis, between both. The Cavity above the Brim, contains the Blood Vessels, External Iliac Arteries & Veins and Nerves in sometimes, called the Lumbar Plexus. The true Pelvis requires our particular attention.

The Brim is formed by a line passing from the Promontory of the Sacrum to the Symphysis Pubis. This line is called the Linea Ileo Pectinea or Linea Innominata. Sometimes this line has at the Symphysis Pubis a sharp edge & any occasion a great deal of pain in Labour. The Pelvis is compressed in a cutting from the

PELVIS.

What?

Of various kinds.

May be in two states, viz. dry or recent.

The dry pelvis is first to be considered, afterwards the recent.

The pelvis considered with relation to its size—but there are more of one particular size than any other, hence a standard.

The knowledge of a standard pelvis is necessary, as being a fixed point to be kept constantly in view, and in relation to which the general rules of practice are founded. Afterwards the deviations from the standard.

The pelvis is usually considered in two views:

1st. As composed of bony pieces.

2d. As connected, forming the pelvis.

The latter is more strictly the province of midwifery.

Adult pelvis is separable into four bones, the fœtal into eight—the difference explained.

The names founded on the fœtal distinctions are usually applied to the adult—how?

The common English names are necessary to be known—why?

The bones of the pelvis in connexion considered.

In the pelvis three parts merit attention, viz. brim, outlet, and cavity.

The Brim. Its boundary—figure. Most anatomical plates give a perspective view rather than an obstetrical one. The difference explained.

Its properties ascertained by drawing lines through its centre in the following directions:

1st. From sacrum to symphysis pubis, 4 in.

2d. From side to side, 5 in.

3d. From sacro-iliac symphysis to the opposite acetabulum, 5 ⅛ in.

The proportions and dimensions of these lines.

An opinion of Dr. Smellie's examined.

Practical deductions.

The Outlet. Its figure somewhat irregular—becomes less so by adding some soft parts—how?

Its properties ascertained by drawing lines:

1st. From os coccygis to the symphysis pubis. A in. Coccyx 5 in.

2d. From one tuberosity of the iscium to the other. 4 in.

Mobility of the coccyx considered, and its effect on the dimensions of this part.

Practical deductions.

The Cavity—what?

Its true figure how ascertained—depth at different parts—how much? I before 6 backward

cause of which should be explained if he
in some way. It may be facilitated by
the horizontal posture & passing a broad
bandage over a compress on the lower
part of the abdomen which should be con-
tinued round the thighs so as to pre-
vent the pressure of the Uterus upon the
edges of the blood. The counter at the
Strait is rather less than 2 inches oval,
having however a long & short axis.
Vide 4. This long & short axis correspond
with a long & short axis at the head of the
child. This is to be borne in mind in
practising cases. The Head will not pass
except the face be depressed towards the
Pubis. If therefore, the child, chin, or
occiput be lodging against the Pubis,
it will be necessary with one hand in
the child's mouth & two fingers of the
other on the occiput to bring the head
to correspond with the Pelvis, & after it
has passed the brim, to direct the head
a little downwards & when engaged,
to correspond with the Outlet & then
it will pass with little difficulty.

Of the Outlet, because of a greater angular
segment & greater resistance presented with
the sacro sciatic ligaments.
In consequence the Forceps should be
remembered that after the head has
passed the brim, the face ought to
be thrown into the hollow of the sa-
crum.

The intermediate Cavity, between
the brim & outlet is much deeper
behind than before. This should
be recollected for the head may
have passed the pubis & the bottom
may be counteracted by the resistance
of Sacrum & sides of the Pelvis.

Deviations from the Standard Pelvis

A Distorted Pelvis is not only altered in its shape, but has lost its symmetry. It may assume various forms, but the most common one is its approximation towards a division into 3 cavities, partially separated from each other. D. It may be distorted partially, as the brim only, or outlet only, or completely as when both are distorted, which is generally the case.

The most frequent cause of distortion is Malacia Osium. The disease consists in too large a proportion of animal matter in the composition of the bones. Medicine has very little power over this disease.

It commences gradually for years is always aggravated by pregnancy. So that while in the first instance, it is necessary to use the long forceps or lever, the second shall require the crotchet. A third may be a hopeless case, it being impossible to bring the child's head through the pelvis in any way. The only resource is the Cæsarean operation.

Fractures, Exostosis, Enchondromas & other tumours in the pelvis are among the other causes of distortion.

A Contracted pelvis which is only narrowed, the symmetry being retained is of more common occurrence. It usually occurs at the brim. Pressure of the head is usually the cause, & would

Contraction of the brain frontal to the left ventricle. Difficult labour, backwards presentation of head. Rickets in children. Sometimes the aid of instruments is required in this case. — Premature labour to be induced in this case.

In order to ascertain accurately the conditions of the pelvis, observe the general appearance of the woman. Rickets in childhood a waddling gait, distorted limbs, such as bent legs or curved spine especially a falling in of the sacrum, are indications of distorted pelvis. Often the result of succeeding labours is a decreasing width when it can be ascertained.

During labour it is to be ascertained by feeling for the presenting part. Ascertain by the opening of the os uteri when the head has been long above the brim of the pelvis. Ride upon one another. If the head has passed the brim the vertex cannot be felt, nor a rickety head. If a normal pelvis the finger can pass round the head.

Labour 12 or 18 hours.

How to ascertain the degree of the child's descent, and to avail ourselves of this knowledge in the use of instruments.

The axis of the pelvis at its brim and outlet considered—the direction a line must have to pass through them both—the application of this to the passage of the child through these parts.

Practical deductions.

Deviations from the Standard Pelvis.

These are either in shape or dimensions.

When in shape, it may be deformed or distorted.

When in dimensions, it may be large or small.

The kinds of deformity distinguished.

The general characters of a deformed pelvis.

Causes of distortions, are rickets or mollities ossium.

Pelvis may be distorted partially or completely.

Distortion is partial when at the brim only, or the outlet only,

————complete, when both are affected,

Criticism on Levret's opinion upon the subject

Directions of distortions are either from before, backward, or from side to side.

The varieties are dependent on the degree of softness at the different parts, together with the incumbent pressure.—This explained,

Practical reflections on the degrees and varieties of distortions.

Exostoses, and other irregular bony projections, considered with regard to their effects.

We judge whether a pelvis be deformed or not in two ways—one probable, the other certain.

The probable way regards the effects of rickets on the skeleton in general, producing flatness of forehead, deformity of the trunk and extremities, also accidental deformities of the spine—the connexion of these with a deformed pelvis.

The certain way is by measurement.

The different modes of measuring explained, together with cautions necessary to prevent mistakes.

The parts to be measured are the brim and the outlet.

The rules for measuring explained on a standard pelvis, and afterwards on pelves of various degrees of distortions.

The inconveniences of a small or distorted pelvis are, laborious parturition in its different degrees. Some think it disposes to a retroverted uterus.

The inconveniences of a large pelvis are according to the state of the soft parts. When soft parts are disposed for labour, delivery might be too sudden; when not disposed for labour, sometimes a prolapse is threatened—laceration of perinæum—retroversion of the uterus.—Practical observations.

In large pelvic tumours may come on suddenly & the child may be brought away by a single pain & in some cases even by the examination of the bowels but it is well ascertained that labour pains may be mistaken for colicky pains.

Bearing of the Pelvis on the Fœtus - The plane of the brim situation obliquely forward & down- ward & Stance in retroversion. of the Uterus the woman should lie laid upon her hands and knees. In other cases the position of the pelvis with respect to the Spine should be borne in mind. -

Presentation

If the head present with the face to the Pubis, it might to be turned if possible, or it will pass with very great difficulty & the Perineum may be lacerated. An advantage - of certain- ty under angle of Pubes - This occurs 1 in 1-4.289 & 1 in 2.5 - M & C 1 in 4.687. 0.5

When the forehead lies 1 in 120 4 M. 05 1.1 1 in 1.72 changed 1 in rather less presentation.

Face presenting must be changed to a vertex presentation 0.1 in 2

The Presentation i.e. by the
vertex only occurs from the
the lower of pregnancy Refer to
my graph, fig 1 & 2, p. 160
Lon.

To ascertain the descent of
the head, compare it carefully with
the bones of the pelvis

Male and Female Pelvis distinguished.

By the latter being less massy but more capacious—Ilia more distant—brim more oval—acetabula smaller, and at a greater distance—shallower—sacrum less curved—angle of the pubis larger.

Bearing of the Pelvis on the Trunk.

A straight line cannot pass through the axis of both—their different axes explained—how to place the body so as to have the brim vertical, horizontal, oblique, &c.—Practical observations.

Child considered in relation to the Pelvis.

A standard child can pass through a standard pelvis only in three directions. What?

Its head, being the largest part, requires particular consideration, as passing through a pelvis more or less easily, according to the part which presents. Hence a necessity of having precise notions concerning *presentation*, and the distinction between it and *situation*.—Explained.

Different Presentations of the head considered, with their advantages and disadvantages.

What circumstances must concur to make the best possible presentation and situation.

How this matter is affected when the head rests on the brim of the pelvis, or has descended to its outlet; a general principle deduced therefrom, and its application to practice fully illustrated and explained by different cases.

But a practical knowledge of this principle cannot be acquired until the characters of the fœtal head are known.

Fœtal Head described.

Its general figure, oval, or oviform—the long axis of which, considered in relation to its passage through the pelvis, varies according to the particular presentation.

Hence dimensions should be taken at different parts, viz.

		Inches.
long axis	From vertex to chin (the longest line)	$5\frac{1}{4}$
	Inferior part of occiput or upper part of the forehead (shortest line) . .	$4\frac{1}{8}$
	Upper part of occiput to forehead medium line	$4\frac{1}{2}$
short axis	From the protuberance of one parietal bone to its opposite	$3\frac{1}{2}$

But the dimensions of the head are not precise from the great mobility of the bones. Their number and mode of connexion contrasted with the adult head; the fœtal cranium having twelve bones connected by moveable sutures; while

4. The same occurs at joint is sometimes another cause of great difficulty in shaving.

It is liable to inflammation, from the sitting down for the operation. Scarlatina, &c. call.

The same remarks are between subject to inflammation &c. of the

lymphatics. Pelvis. Symptoms if [illegible] by Pain, deeply seated in the [illegible] pelvis — sitting or one 7 or 8 days. Also a very [illegible] ought to be prevented — or at the Treatment Cutaneous Leeches &c. When abscess & one of the patients by rest — no chance of the patients recovery until the matter has been [illegible] for the most —

the adult has only six bones, joined by immoveable sutures.

The mobility resulting from the above characters of the fœtal head highly advantageous in parturition.

The fontanels of the head are two, viz. *large* and *small*, formed by a defective ossification at the junction of some of the sutures—their varieties demonstrated, and their use in detecting presentation and situation explained.

Practical observations on various presentations of the fœtus, modes of discovering them, together with cautionary remarks.

Ligaments of the Pelvis.

Ligaments that connect the bones of the pelvis are strong and inelastic. These are,

1st. Ligament connecting last lumbar vertebra and ilium.

2d. Sacro iliac ligament, internal and external.

3d. Sacro ischiatic ligament, crucial.

4th. Sacro coccygeal ligament, for mobility of the coccyx.

5th. Ligamentum foraminis ovalis, for muscular attachment.

6th. Symphysis pubis, formed by a cartilaginous covering on each articular bony surface, with intervening ligamentous matter. The

chief strength depends on strong ligamentous fibres surrounding the joint. It sometimes contains a gelatinous substance, at others, pus.

This last not usually the consequence of laborious parturition—more commonly from spontaneous disease. Symptoms and treatment considered.

Do the ligaments of the pelvis yield in laborious parturition?

A general View of the Contents of the Pelvis.

The dry and recent pelvis compared.

The latter contains the uterus and appendages, the bladder, rectum, besides blood vessels, nerves, &c. Room is necessary for the lodgment of these parts—hence the real space for the passage of the child is diminished; it occassions some resistance, but is overcome by pressure.

Pressure deranges the functions of these parts—when on the bladder, either retention of urine or frequent micturition—when on the rectum; tenesmus, constipation, and hæmorrhoids—on the iliac veins and absorbents; oedema of the lower limbs—on the nerves; numbness with cramps.

The room of the pelvis is frequently diminished from malposition of parts and morbid enlargements.—Explained.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

ORGANS OF GENERATION

ARE

External and Internal.

How distinguished?

External comprehend, Mons veneris, labia, frœnum, clitoris, fossa navicularis, nymphæ, hymen, and carunculæ myrtiformes; to which may be added, orificium urethræ.

These different parts anatomically described.

The Labia are subject to various diseases, as, Inflammation, pruritus, cohesion of the labia from malformation, or excoriation, ulceration, tumors.

Inflammation. Treated generally with success by the usual modes.

Pruritus. Treatment to be regulated by its cause.—When from a herpes, by preparations of lead externally, neutral salts, &c. internally. —When from ascarides in the rectum, by vermifuge medicines. When sympathetic of irritation in the bladder or urethra, by injections and other means. When connected with plethora, by v. s. carthartics, &c. When dependent on no evident cause, it is often obstinate.

Cohesion. When existing at birth, requires consideration before an operation can be proposed, what? When the consequence of excoriated surfaces, separation is admissible.—Treatment.

Ulcerations. Not to be hastily considered venereal, though unhealthy in their appearance —why? Simple applications to be tried first —Their further treatment.—Sometimes seated in the genitals of female children, having a very chancrous appearance, yet not venereal. —Treatment.

Tumors. May arise from herniæ, œdema or anasarca, extravasated blood.

When from *herniæ*—how known.

Œdema. May arise from pressure of the uterus, or general anasarca—the distinction described with the treatment, viz. cathartics, fomentations, pressure by bandage—the propriety of scarifications considered.

Extravasated blood. May arise from accidental injury, or labour.—When relievable by puncture, when not.—Sometimes from abscesses, their treatment.

Organs of Generation

Male & Female — 2 Kinds — External & Internal

Mons Veneris — Pubis — or adipose substance — covered with hair — called Pubes — Doubling of skin — called Labia Pudendi — or adipose substance — 2 folds of skin — called Nymphæ — Fossa Navicularis — Perineum — opening called Lab Pudend: ext. to it.

Clitoris & Preputicum — Glutoris below the Nymphæ —

Hymen — small membrane — opening — shooting pains — formation — external —

Uterus — Vagina — Impregnation — Sexual connection — Bearing pains — Expulsion of Head — Breech — Feet — Urethra.

Placenta — Term — Child — Patient through — Expulsion.

A further Description of the Clitoris, Nymphæ, and Plexus Reteformis, with their œconomy and diseases.

Clitoris. But distantly analogous to penis, having neither corpus spongiosum, nor urethra. Communicates with the plexus reteformis—the circulation in them described.—Clitoris enlarged, improperly called Hermaphrodites.—Observations on this subject.—Diseases.

Nymphæ. Figure, structure, supposed use—Their preternatural and morbid enlargements.—Nymphatomia.—Cohæsion, its character and treatment.

Orifice of the Urethra.

A correct knowledge of its situation important in practice, why?—Mistakes which have arisen from the want of this knowledge.—Rules for finding it.—How distinguished from a lacuna.—Length and characters of its canal.

The femal prostate of *Bartholin.*

Retention of Urine.

Symptoms. Pain, tension, symptoms of irri-

tation, great distention, sometimes a stillicidium. —Explained.

Consequence. Bursting of the bladder, and death.

Causes. Either pressure, inflammation, or spasm. Causes acting by pressure enlarged upon.

Treatment. Variable, according to the peculiarity of the cause.—When from inflammation; bleeding, evacuations, warm bath, &c.—Spasm may require opium, &c.—In all cases distention of the bladder must be relieved.—Observations on catheters, with the mode of introduction.—Cautionary practical remarks.

Miscellaneous considerations on retentions of urine, and their connection with other complaints.

Incontinence of Urine.

May arise from loss of tone in the urethra, or loss of substance in the bladder.

These must be distinguished from each other, how?—The first may often be relieved by time, tonics, as the cold bath, chalybeates, &c.—Cantharides externally or internally.

The last scarcely admits of a cure.

Carunculæ Myrtiformes, and Hymen.

Carunculæ myrtiformes. Why so called?—Number indefinite—how formed—sometimes enlarged and painful from disease—not always venereal—Treatment.

Hymen. Situation—in children very evident—in adults often wanting—has no determined character either in infants or adults—varieties in both states shown on preparations—probable use—wanting in brutes.

—*cribrated.* Is it an obstacle to impregnation?—Observations favour the negative.

—*imperforated*, coeval with the formation of the fœtus, though frequently not discovered until puberty.—Symptoms leading to a suspicion of this.—The conduct to be observed by the practitioner in such a case—the fluctuation of menstrual fluid, as perceived through this membrane, has been mistaken for the water in the fœtal membranes.—Further practical remarks.—Treatment.

Internal Generative Organs.

These comprehend a part of the clitoris with its erector muscle—the vagina with its sphincter—the plexus reteformis—the uterus with its appendages.

The clitoris and plexus reteformis have been already considered; the remaining parts are the vagina, uterus, and appendages.

Vagina.

This is the canal leading to the uterus, and connected with it and the external organs.

Situation. Between bladder and urethra before, and *rectum* behind, and connected to them by cellular membrane.

Figure. Not cylindrical, most capacious in its middle.

Course. Moderately curved, making an obtuse angle with the uterus.

Structure. Of a peculiar kind, and there enter into its composition, arteries, veins, absorbents, and nerves.

Internal surface. Consists of a plicated membrane (rugæ)—course of the plications is variable, viz. oblique and transverse—varieties both in the human subject and brutes—uses.

Diseases, are inflammation and its effect; such as suppuration, contractions from cicatrices, cohesion, mortification, and sloughing, &c.

Treatment of the inflammation will vary according to its kind and stage—is sometimes phlegmonous, and others eresipelatous. These distinctions described, with their appropriate treatment.—Also the effects of inflammation extensively considered.

Uterus.

To be considered in two states, viz. vacuity and impregnation.

1st. Unimpregnated uterus.

Figure Pyriform and flattened—compared to a wine flask inverted, from which resemblance names have been given to its parts, viz. body, fundus, neck, and mouth. Its flatness greater on the anterior than the posterior surface.

Size. In general three inches in length; one half belongs to the body, the other half to the neck

The division into body and neck evident on the internal surface, from the peculiarities of the lining membrane.

Substance—muscular, having arteries, veins, absorbents, nerves, connected by dense cellular membrane.

Cavity consists of two parts, viz. one larger,

and triangular, belonging to the body; the other conical, to the neck.

Situation near the middle of the pelvis, between the bladder and rectum; higher in fœtuses than in adults—changed from morbid causes. Hence procidentia, retroversio, hernia.

Procidentia, its signs and distinguishing characters—causes—treatment. Observations on pessaries.

Retroversio will be considered when on the pathology of pregnancy.

A case of hernia uteri related by Sennertus.

Os uteri—its synonyma—a precise knowledge of its natural state necessary to judge of pregnancy or disease—its varieties in the healthy state are many—(these demonstrated on preparations)—sometimes obliterated.

Cancer Uteri.

No age perfectly exempt, but the middle and advanced periods are most liable.

Its commencement sometimes insidious, like the fluor albus, combined with irregular menstruation.

In old women it resembles returning menstruation.

The particular symptoms and progress

traced; and its effects demonstrated on preparations, from its origin in the os uteri, to the destruction of almost the whole uterus, bladder, and contiguous parts.

Treatment, confined to palliation. Observations on different remedies.

Polypus Uteri.

These are seated in different parts, as its cavity, neck, and mouth.

Some polypi are attached to the vagina.

The origin, growth, and varieties, demonstrated on preparations.

Signs by which the place of attachment may be known, and the incidents connected with each—observations on their hæmorrhages—under what circumstances a spontaneous separation may happen, with cautionary remarks on this head.

Polypi sometimes combined with inversion of the uterus—(a preparation) with practical remarks on.

Polypi must be distinguished from other complaints bearing a resemblance, as prolapsus and procidentia, inversion, &c.

Considerations on polypi prior to tying, viz. whether of the mild or cancerous kind—the proper time for tying—size of the peduncle—necessity of distinguishing the os uteri, with practical observations.

Different instruments used for the operation with the management of them.

Fluor Albus.

What?

Colour not always white.

Should be distinguished from other complaints, as cancer and gonorrhœa.

Distinguished from cancer by the absence of the usual symptoms of cancer.

From gonorrhœa the distinction is not always obvious; hence some stress might be laid on the moral character.

Seat, in the cervix uteri, os uteri, or vagina.

It may accompany a plethoric state, or a spare habit, with relaxation, and thus occasion variations of treatment.

Cure varies with the cause; and therefore cathartics, tonics, cold-bathing, balsams, turpentines, and injections of different kinds, are occasionally employed.

Tympanites Uteri.

Is a collection of air in the uterus, and escapes frequently by efforts of the body and other causes.

It is attended with ill health—symptoms variable, and frequently of the nervous kind.

Treatment. Tonic and nervous medicines with a strengthening regimen.

Hydatids in utero, will be considered on the gravid uterus.

Uterus considered as the organ of menstruation, with practical observations on the morbid state of that process.

Appendages of the Uterus.

These are four in number.

1. Fallopian tubes.
2. Ovaries.
3. Round ligaments.
4. Broad ligaments.

Fallopian Tubes. Attachment—figure conical and incurvated near the end—sometimes serpentine — apertures — fimbriæ — internally plicated.

Structure—vascular, having arteries, veins, absorbent and nerves—substance muscular.

Use will be explained when on conception.

Diseases. — Obliteration—dropsy—suppuration. Practical observations.

Ovaries have a figure like the testes, their surface irregular—internally vesicular—more obviously so between puberty and the middle period—vesicles of unequal sizes, and indefinite in number; after impregnation, become corpora lutea. Their vessels are called spermatics, but more properly ovarian.

Use will be explained when on conception.

Diseases.—Abscesses, the matter sometimes

discharged by the tube—fleshy substances progressively increasing for years; sometimes with little injury to health—ossification.

Dropsy.—Its origin, progress, and symptoms distinguished from ascites—different quantities of water found—palliated by tapping, but refractory when medically treated; yet sometimes cured by accidents which have burst the cyst; instances of it.

How far is extirpation of the ovary, in an early stage of the complaint, eligible?

Difficulties attending the project.

Ovarian enlargements, sometimes in part from fluid, and in part from solid matter.

Practical remarks on tapping in different cases.

Ovaries have sometimes contained hair, teeth, bones, and sometimes a whole fœtus.

Practical observations on the connexion of these tumours with labour.

Round Ligaments.—Structure, muscular, and vascular—practical considerations.

Broad Ligaments.—Consist of a doubling of the peritoneum, enveloping the other appendages of the uterus with its vessels, and attached to the sides of the pelvis, dividing it into two cavities.

The reflection of the peritoneum over the bladder, uterus and rectum, explained, together with the use of this knowledge in practice.

Gravid Uterus.

This comprehends a series of changes induced on the uterus and its appendages; also the ovum contained within it, consisting of the fœtus, navel-string and placenta, the water (liquor amnii), with the membranes (viz.) decidua, chorion, amnios, &c.

We describe first, the ovum.

Secondly, the uterus.

Ovum is the produce of conception; therefore conception merits a previous discussion.

Conception.

How effected in animals of simple construction.

In complicated animals, sexual communication is requisite.

Instinct directs them to pair with their own species. To this some exceptions occur, what?

Things essential to impregnation are—in the male, testes secreting semen. In the female, ovaries in a healthy state, with a determination of blood on the whole uterine system. The oestrum or disposition for impregnation, and the coitus, as the occasional cause.

Coitus—its peculiarities in different animals explained—its effect is to convey a fecundating fluid from the male to the female; but to what particular part, has occasioned different opinions.

A general view of the opinions, with the arguments adduced in support of each.

Before the question can be finally discussed, a test of impregnation must be established. This test is the progressive changes in one or more of the vesiculæ Graafianæ in the ovaries from which the corpora lutea are produced.

Animadversions on this subject, illustrated by preparations. To what part must the semen be applied before this test can be produced? Is it sufficient that it touch the vagina and os uteri? Must it enter the uterus? Or is its conveyance by the Fallopian tubes to the ovaries necessary?

This subject experimentally considered, and the progress of the inquiry traced and demonstrated by preparations.

The result of these experiments is unfavourable to the contact of semen with the ovaries, but establishes the probability of a harmony or consent of parts; by the concurring actions of each, the rudiments of the fœtus are formed in the ovary, conveyed from it by the Fallopian tube, and lodged in the uterus, where they are nourished, where the parts of the fœtus are evolved and grow, and remain until the time appointed by nature for their expulsion.

Ovum in general.

The result of conception being a mature ovum, its nature and composition deserve inquiry.

Definition. That receptacle in which the rudiments of the animal are contained.

When the name ovum can be properly applied.

A young ovum is apparently a simple body; but one more advanced is evidently composed of different parts.

Does this difference depend on a formative power, existing in the earliest state of the ovum, by which the different parts are gradually and successively evolved; or are all the parts formed complete originally, and concealed from notice by minuteness or transparency?

The former appears most agreeable to observation. This demonstrated on preparations, in which the fœtus is traced from the first speck of its existence to its complete formation.

Ovum—its constituent parts considered, viz.

The navel string—what?

Its attachment to the child and placenta, with the varieties—length various—when extremely short somewhat inconvenient.

Composed of two arteries and one vein, with a connecting medium, but has neither absorbents nor nerves.

Peculiarities in brutes demonstrated.

In the human funis the vessels vary in their course, viz. straight, spiral, or coiled. Reflections on these peculiarities. Knots sometimes occur—how formed—their effects.

Inquiry into the origin of nævi materni, and the improbability of their dependence on the state of the mother's mind.

Placenta.

Is the medium of connexion between the fœtus and mother, but does not exist in all animals.

The number of them compared with the fœtusses.

The vessels of each placenta generally distinct, but sometimes otherwise. — Practical considerations.

The general characters of it in different animals.

Its attachment various, but more frequently to the upper part of the uterus than the lower —advantages and disadvantages.

Placenta has an external and internal surface—explained.

The blood vessels run radiated on the inner surface, and the two arteries communicate.

Structure. It consists of two parts, viz. a maternal part, which is cellular; and a fœtal part, vascular—this demonstrated by various preparations.

No communication between these two parts by continuation of canal.

The examination of different opinions respecting the nature of the communication between the child and mother.

Of what nature the communication probably is.

Each part has its own arteries and veins, and its own circulation. Both of these described.

Examination of the different opinions entertained concerning the manner in which the fœtus is nourished—it is neither by the mouth nor skin, but by the cord by means of the placenta, the manner of which is investigated at large.

The general conclusion is, that though a fœtus has many organs, the action of only a small part is required to support it while in utero; and that, with regard to its nutrition and general economy, it is somewhat allied to vegetable life.

Considerations on the economy of the placenta, as being equivalent to a respiratory organ.

Involucra or Membranes.

These form the bag in which the fœtus, navel string, and water are contained; the number of which, with a few exceptions, corresponds with the number of fœtuses.

The membranes are to be considered under different views, 1st, as human or brute; 2d, the human in the early and latter months compared.

Human membranes in the latter months are three, viz. the spongy chorion, true chorion, and amnion. Their situation with respect to each other and the placenta, described.

Spongy chorion, or decidua, is distinguished by the following characters, viz. greater thick-

ness, a kind of granulous surface, numerous foraminulæ, is very lacerable, its vessels are derived from the uterus.

Practical remarks on the connexion between an approaching miscarriage and a discharge of this membrane.

True chorion—its situation both general and particular.

Its structure moderately firm and compact, probably vascular—easily injected in brutes.

Amnion. Thinner than the two former, but firm in texture—is injectable in brutes.

Membranes in the Brute.

Besides the above, these have an alantois to contain urine, and a tunica erythroides. The characters of these explained.

The question concerning the probability of an alantois in the human subject considered, and denied.

Human Membranes in early Pregnancy.

These are four in number, viz. 1. Tunica decidua uteri; 2. Tunica decidua reflexa; 3. Chorion; and 4. Amnios.

These have characters different from the

same membranes in the early months. Explained on preparations.

Different opinions concerning the formation and evanescence of the decidua reflexa.

The uses of the membranes.

Some Observations on the Formation of the Placenta.

Water.

This is called liquor amnii from its receptacle—is divided into true and false—the distinction.

The properties described.

Quantity considered absolutely and relatively, and compared with the fœtus at different periods of pregnancy.

Its uses—it defends the child, and, together with the membranes, dilates the os uteri, and lastly facilitates the passage of the child.

Changes on the Uterus from Impregnation.

These will be best understood by comparing them with the unimpregnated condition of the womb.

The comparison made.

After impregnation its figure is altered, its bulk and weight increased, and sometimes incommodes by pressure.

The enlargement is confined to the body until the end of the fifth month; from which time the cervix uteri begins to stretch, and in the ninth month is obliterated.

The progress of this explained, and demonstrated on preparations.

Reflections on the advantages derived from this order of the womb's enlargement.

But, during this enlargement, the womb has sometimes burst—an instance—its symptoms.

Hence caution necessary in turning cases.

Changes of the *os uteri* chiefly consist in a more developed condition of the mucous follicles and vesicles. Its figure varies with the subject.

The impregnated womb ascends in the abdomen in a ratio corresponding to the period of pregnancy.

This explained.

The ascent affects herniæ, the stomach, and other parts.

The figure of the impregnated womb is somewhat variable. The causes producing this, considered.

Observations on its position in the abdomen.

Origin of the arteries and veins, with observations on their course, and the effect of this on the circulation.

Absorbents enter very abundantly into the composition of the uterus—very large in the gravid state.

The nerves likewise enlarged.

Its substance is muscular—different opinions on this subject—different directions of the muscular fibres, with observations on their actions.

The thickness of the womb when cut into is not always the same. A probable way of accounting for this difference.

Enlargement of the womb not the effect of distention—merely mechanical, but is accompanied by growth. This subject more fully considered.

General observations on the action of the uterus.

Pregnancy and its Signs.

The existence of pregnancy may be ascertained in various ways. What?

At present our opinion must be formed from the assemblage of symptoms, viz. amenorrhœa, sickness and vomiting, frightful dreams, loss of appetite, emaciation, peevishness, enlarged breasts, dark and enlarged areola, quickening, enlargement of abdomen, &c. These symptoms considered individually are unequal in importance; therefore a detailed inquiry is requisite.

Amenorrhœa uncertain, as being a symptom of disease as well as pregnancy; also takes place at a certain period of life. Observations.

Sickness and Vomiting. From the readiness of the stomach to sympathise with the affections of various parts, it cannot be relied on.

Frightful dreams. Among the doubtful signs, but in some particular patients has probability.

Loss of Appetite. A sign on which no dependence can be placed.

Emaciation and *Peevishness* are subject to much uncertainty.

Enlargement of the Breasts. This, when attended with the secretion of milk, is a probable symptom; but various instances have occurred which prove its fallibility.

Areola, when enlarged and of a darker colour, is thought by some to be the best single sign, but requires experience to judge correctly. Further considerations on this subject.

Quickening. Here sensation and judgment are often confounded: it has been the subject of much mistaken observation. Some women have had the power of imitating it.

Enlarged Abdomen may depend on various morbid causes. Manner of discrimination.

Besides these signs, various anomalous symptoms sometimes attend pregnancy, though having very little apparent connexion.

+ As, during the period of pregnancy, there is no expenditure, and as during the early months of gestation, the system does not require so much nourishment, it may happen, as is not difficult to conceive how it is that plethora is produced — there is more blood contained in the system than is necessary for the nourishment & for the support of the parts in it. For this reason there is frequently the symptoms of Plethora in the latter months of pregnancy — In fact, the system requires more blood for its nourishment.

When Plethora is present the irritability of the constitution frequently attending this, bleeding will not admit of blood letting.

Reckoning.

The long and short reckoning explained.

It may commence from different periods, viz. suppressed menses, quickening, and the coitus.

Observations on each of these.

Management during Pregnancy.

Pregnant women are liable to be incommoded by causes which to others would be harmless; hence attention to rules of living is expedient.

These rules are comprehended in the non-naturals, viz. diet, air, rest, exercise, pathemata, and evacuations.

Practical observations on each of these.

Pathology of Pregnancy.

Diseases occurring at this time, are either arising out of the pregnant condition, or accidentally connected with it.

We distiuguish them into such as occur in the *early* and *latter* stages.

Particular attention should be paid to the investigation of their immediate causes.

This will assist us, both in the prognosis and cure.

Most of these diseases may be referred to one of the following *general causes,* viz. plethora, irritability of constitution, and mechanical pressure.

Observations on these causes.

Particular Diseases of Pregnancy.

Nausea and *Vomiting* in the early months. These may arise from disease as well as pregnancy, therefore should be distinguished.

1. When from disordered *primæ viæ*, aperients, &c.

When sympathetic of *plethora*, blood-letting.

When a symptom of *internal inflammation*, it may be distinguished by the usual symptoms denoting that state, and treated in a secondary way; regard being chiefly had to the primary complaint by blood-letting, purging, &c. and a strict antiphlogistic plan.

2. When symptomatic of mere uterine irritation or pregnancy, occasional opiates, saline draughts in an effervescing state, stomachic bitters, &c.

3. *Pain in the Head and Breast.* Often a symptom of plethora, and relieved by blood-letting.

4. *Inability to walk*, attended with a sense of bearing down, a yellowish discharge, and painful discharge of urine, sometimes amounting to suppression.

This is to be distinguished from gonorrhœa.

These different symptoms explained.

The cure is generally spontaneous, but relief by a catheter is sometimes necessary. Further observations.

1. The sickness to which is attendant on pregnancy arises from a foul stomach, & is denoted by the following symptoms. — Want of appetite, dislike to food, — bitter taste in the mouth, — & the symptoms of fever.

Aperients are not sufficient to rectify the state of the stomach, a gentle emetic should be had recourse to (unknown to the patient), unless any thing forbids. [There is no danger of abortion from the action of a gentle vomit than from the vomiting which is caused by the state of the stomach.]

2. When the stomach is extremely irritable from sympathy with the uterus, & the patient is unwilling to take medicine, been in a state of fermentation will sometimes be found to be the best remedy. For this the following mixture may be had recourse to to support the system. When the stomach continues in this state for a length of time, it is proper to examine if it is kept up by any local cause. Gall stones will sometimes occasion it in a pregnant state, & this may be avoided by change of diet.

When the pregnancy has reached [illegible] the state of the stomach generally [illegible]

During the stomach complaint a dose or two of [illegible] to remove the contents. Intestines must often be attended to

3. Flatulency arises from the [illegible] which may be known by the [illegible] & Plethora

4. The Bearing down [illegible] depends upon a [illegible] [illegible] the pressure of the gravid uterus upon the Bladder, Rectum, the [illegible] of the Womb, the Uterine vessels out of the cavity of the Pelvis & their [illegible] [illegible] The discharges are an increased secretion of mucus, appearing chiefly in the latter months.

1. Retroversion of the Uterus consists in the fundus uteri being turned back towards the Sacrum, so that the mouth of the womb inclines towards the bladder and the vagina.

4. Retroversion may occur in an unimpregnated Uterus, from birth for a length of time without producing any inconvenience but if the Uterus becomes inclined in this form during pregnancy or disease, the symptoms soon make their appearance.

5. In the latter months, when the Uterus becomes enlarged, it does not so often get retroverted. A large pelvis will be disposed to it & it may in this case occur later in pregnancy.

6. Any sufficient mechanical cause will produce it as a blow upon the lower part of the Abdomen, but it is generally caused by irritations of the Bladder.

10. When the Uterus has fallen below the promontory of the Sacrum, it must be replaced by artificial means.

* An enlarged Ovary has produced retroversion of the Uterus. Case, in which pregnancy produced the symptoms of this disease - Published by Dewees. Dropsy, which had been accidentally removed from

1. *Retroversion of the Uterus*—What?

To understand this complaint, the proper situation of the uterus must be known, and its connexion with the bladder and rectum understood.

This knowledge is requisite as well to understand the symptoms, as to lead to a successful treatment.

2. Symptoms come on usually in the third month, consisting of pain, difficulty of voiding urine, constipation of the intestines, and sometimes tenesmus.

3. This complaint can be ascertained only by examination—observations on this subject.

4. Pregnancy not essential to the production of this disease. A morbid enlargement to a certain degree may dispose to it.

5. The period of pregnancy is variable, but always confined to the early months—explained.

6. The most common cause is distention of the bladder; its mode of action to be considered—demonstrated.

7. *Other causes of retroversion inquired into.

8. Distended bladder may sometimes be the effect of retroverted uterus. Instances recited.

9. The danger in cases of retroverted uterus is as the degree of fever, and state of the bladder.

10. The treatment consists in obviating distention of the bladder by frequent introduction of the catheter. Sometimes this is sufficient; at others, the means necessary for replacing the uterus are required.

The attempt will be made with the greatest advantage when the patient is placed on the knees and elbows. The manner of conducting the replacement explained.

Practical observations on cases where unusual difficulty attends.

Diseases of the latter Months.

Vomiting occurs now as well as in the early months, and may arise from plethora, foul stomach, or pressure of the womb.

Observations on the symptoms of each, with the appropriate treatment.

Jaundice. Sometimes a consequence of pregnancy; when merely a symptom of this state, there is little danger; an inquiry concerning the manner in which pregnancy produces jaundice.

The treatment of this may be confined to palliatives: where much pain in the epigastrium attends, opium, &c.

A jaundice during pregnancy may sometimes be dependant on schirrous liver, or diseases of the biliary ducts; such cases are more complicated, and the mode of treatment must be determined by the particular part affected.

Costiveness may depend on torpor of the intestines, or on mechanical pressure—may become inconvenient, and therefore should be obviated by the common means.

costiveness. As women in the pregnant state are particularly liable to this complaint they have by her some aperient medicine & shd never go without an examination.

Diuretics &c. In the Retention of urine particular attention should be paid to the state of the bowels.

1. Piles are commonly relieved by the bowels being kept open by mild laxatives, sulphur is commonly used for this purpose. Leeches sometimes necessary to allay inflammation

[illegible]

a leech or two will sometimes relieve bleeding better than an ointment.

In Sanguineous Colic, seldom met with in this country, there are colicky pains, coming on for a greater or less length of time, which are ultimately relieved by the appearance of Piles.

2. Swelling of the lower extremities & Labia during pregnancy &c., or arising from mechanical causes, or distinguished from constitutional complaints.

The Skin of the abdomen may be stretched to such an extent as to occasion fissures. This will be relieved by the application of a little medicated oil. Livid spots on the skin are merely arising from extravasated blood from the same cause. If the constitution be healthy, there is no danger in them nor any of many consequences.

Gonorrhœa may be treated by [illegible]

When Lues Venerea makes its appearance during pregnancy in the form of Chancres. A sufficient quantity of Mercury may be given without danger, to heal up the sores, but it is doubtful whether the patient will bear Salivation to an extent sufficient to eradicate the disease.

When Pustules &c. to attended to after the patient has been delivered.

Mercury not to be carried to any extent during Pregnancy.

Hemorrhoids are of two kinds, viz. the bleeding, and blind piles; also a third kind, particularly noticed by the German practitioners, called hemorrhoidal colic—its character explained.

As mechanical pressure is intimately connected with the production of piles, they often continue until delivery.

Palliatives are required—observations on their treatment.

Several other complaints are occasionally met with in the latter period of pregnancy, most of which arise from pressure of the uterus on the internal parts; the explanation and treatment proper to each has been anticipated when on the recent pelvis.

Diseases having only an accidental connexion with Pregnancy.

Lues Venerea. When in the form of gonorrhœa, is treated by means so gentle, that no particular considerations are necessary.

Chancres, though primary sores, generally admit of the absorption of matter, which, in its road into the constitution, may produce bubo, and when fixed there, may occasion sore throat, blotches on the skin, pains in the bones, nodes, &c.

Chancres are often cured without mercury; but the constitutional symptoms require a considerable quantity.

When salivation is produced some have ap-

prehended ill effects: but this not necessarily dangerous.

It is inconvenient by disposing to premature labour;

Practical observations on the manner of conducting the mercurial course.

Dropsy, when connected with pregnancy comprehends some subjects for inquiry, viz.

Whether delivery is possible.

Whether she will live after delivery.

Whether the child will be dropsical.

Whether tapping is proper.

Whether a cure will succeed.

Experience proves the possibility of delivery: but whether she will live after it or not, depends on the stage of the disease and her strength.

A dropsy in the mother entails no such necessity on the child.

Tapping is admissible whenever a painful distention may require it; but should be performed with the utmost care, lest the uterus be injured—observations on this matter.

Delivery has, in some instances, proved a cure of dropsy—explanation of the manner by which this is effected.

Herniæ. These are affected in their consequences by pregnancy.

The consequences vary according as the hernia is either reducible or irreducible.

When reducible, the phenomena are subject to variations depending on the seat of the rup-

If it is carried to the extent of Salivation there is great danger of abortion.

A small quantity of Mercury & Antimonial purges will be sufficient to heal a bad throat. Secondary symptoms must be removed afterwards. — The Decoction of Sarsaparilla will materially assist the action of the Mercury.

The Child will probably receive the Decalcified Serum in the mother, which should be counteracted by mild preparations of Mercury. —

1. The woman may be too weak to bear the loss of blood occasioned by Salivation, & she will sink under it.

3. If the pregnancy be far advanced great caution is to be used in the operations of Salivating.

The real seat of the Inflammation may not be in the Peritoneal parts but in the Uterus & only sympathized with by the Peritoneum; so that there is danger of puncturing the Uterus if discrimination is not used. In Examination per vaginam ought to be made

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* Jan 30. 6. A Lt. of the Gall Stones can-
not be prevented. Whenever it has been
attempted that some constitutions are more
disposed to the stone than others that it generally
occurred in advanced periods. Exercise
might therefore contribute more to prevent
an attack, than any medicine which
might be given with that view. —

5. The pain proceeded in fall Stones and is distinguished from Calculous pains in the following way. In Stone it begins at the left of the Stomach, continues for a length of time & then becomes intermitting. Calculous pains begin at the lowest, continues for a short time & then ceases entirely; each succeeding pain following more & more severe. In Gall Stones the Urine is frequently changed in its color to a degree of redness. The Stomach is less sympathetic & vomiting is unproduced. Sometimes the Skin is tinged with a degree of yellowness. The last pain is peculiar to the Gall Stone being produced by the Gall Stone having formed the Ductus Choledochus. Sec 39. a.

ture as being either femoral, inguinal, ventral, or umbilical—these explained.

Reducible herniæ are generally returned by the rising of the womb, and remain so until delivery.

Irreducible herniæ are dangerous in the extreme, and by the ascent of the gravid womb, produce symptoms of strangulation.

Their treatment complicated, and uncertain in the effects.

Considerations respecting the operation for strangulated herniæ, together with the propriety of bringing on premature birth.

5. *Stone.* Gall stones, and urinary calculi are comprehended.

Gall-stones when in the biliary passages, produce symptoms which should be distinguished from labour pains.

Treatment of those symptoms.

It would be advantageous to prevent a fit of gall-stone at this time.

The different modes of proceeding.

Urinary calculi may exist in the kidney, ureters, or bladder.

The symptoms of each described, and distinguished from labour pains.

Their treatment.

Calculus in the bladder requires particular consideration.—Should lithotomy be performed at this time?—Arguments for and against this operation stated.

When it is determined to remove the stone, it may be done by a dilatation *without* incision, or dilatation *with* incision.

Observations on the manner of dilating in these two ways.

If the existence of a stone in the bladder is not known until labour comes on, management is required to prevent some mischievous consequences.

In these cases the stone should be raised above the brim of the pelvis, if possible; if not, extraction of it by incision into the vagina has been proposed.

The manner of conducting the operations explained.

Examination.

Its object is to investigate something connected either with pregnancy or disease.

Manual examination alone is here understood.

The reasons for examining are comprehended under *five* particular views, viz. 1. *To ascertain the existence of pregnancy.* 2. *To determine its period.* 3. *To know if a woman be in labour,* 4. *To learn the precise kind of labour:* and 5. *To investigate the true nature of a disease.*

General observations on the subject of Examination.

1. *To know if a woman be pregnant.*

In early pregnancy this is difficult to determine—Why?

In the female pelvis is but short & capacious of dilatation to a considerable extent, the Uterus may frequently be exhausted in this way by making use of a series of bags of different sizes & filling each successively a few hours. This will dilate the Vagina sufficiently for the Uterus to pass, if it be not very large. If there is no obstruction in the Vagina to dilate, the operation will be rendered as easy in the shortest time, & attended with considerable danger.

Examination —

The success attending examination must depend in a great measure upon the position in which the woman is placed — The best position usually is on her left side with the pelvis elevated & near the edge of the bed. Her knees & person drawn to be inclined towards each other. Often however Lawmen are sometimes preferable. In preliminary labour it is best for the woman to walk about in bed before she is examined, & then she may either be examined standing, lying on her back, or on her side.

Of the situation of the Child's head in labour is to be ascertained, & cannot be done satisfactorily in one position, it ought to be changed for another.

It is also of importance that the left hand be used in examination for often the convex of the fingers will convey to the the concave of the sacrum and

Vagina. It is common to use two fingers, but if the Vagina is contracted or tender, the fore finger only ought to be used, but the examination with one finger is not generally attended with such success as with two —

Sometimes, on the other hand, if the Vagina is dilated & satisfactory cannot be given without it, the whole hand may be introduced into the Vagina but it should never be done unless there is a necessity for it.

External Examination is frequently necessary to ascertain the State of the womb, whether it is contracted or dilated, or inverted or not after delivery — To ascertain the existance of pregnancy — Inflammation — the State of temperature — condition of the Vicera &c. &c. Position in this case varies. The exact position is best when we wish to know whether the abdominal Muscles are relaxed or not. Sometimes she may lie on her back, or on her side as in the former case. She should be placed on a couch & the bladder should previously evacuated. It is of great importance that the abdominal Muscles should be relaxed.

What conduct is most prudent in such cases?

When examination cannot consistently be declined, what ought to be done?

The information derived from examination becomes uncertain; sometimes from *corpulency*, at others from a *distended bladder*.—This last difficulty is removable.

The larger the uterus is, the more easily is pregnancy ascertained—further observations.

2. *The period of pregnancy ascertained.*

This done by observing the degree of the womb's ascent in the abdomen: and *secondly*, by noting the shortening of its neck.

The degree of the womb's ascent described as corresponding to the different periods of pregnancy. The neck of the uterus begins to shorten at the fifth month, and is completely obliterated at the ninth.

How to ascertain the period of pregnancy by this sign.

3. *To determine the existence of labour.*

Before this can be done it is necessary that labour be defined—how?

It is likewise proper here to have a general view of the distinctions of labour.—Our division of them is into *natural, laborious, and preternatural.*

What opinion ought to be formed from the following signs of labour, viz. *pain—the dilating process of the os uteri—the protrusion of the membranes and the water—the tension and re-*

laxation of the membranes during the presence or absence of the pain. Also *the advancement or recession of the child during the same condition of the pains.*

4. *The kind of labour.*

This should be known as soon as the progress of labour will permit—why?

The characteristics of the three kinds of labour must be kept in view.

Natural labour supposes, 1. *Proper presentation of the head.* 2. *Sufficient room in the pelvis:* and 3. *Sufficieut pains.*

Laborious labour supposes either *want of room,* or *want of pains.*

Preternatural labour supposes the *presentation of any part except the head.*

5. *To distinguish the disease in question.*

Various instances of diseases are related to illustrate this matter, viz. cancer uteri, polypus, retroversio uteri, &c.

Natural Labour.

Its general characters. It may be distinguished according to the time necessary for its completion; hence some are *quick,* others *lingering.*

There is a kind of distinction made by women—what?

During labour certain remarkable phenomena occur; hence a division into stages.—This explained.

The stages of labour are *three*.—These defined.

The mark which distinguishes the *kind* of labour occurs in the *second* stage—what?

Preparatory Considerations concerning Labour.

A young practitioner should adopt the customs of that part of the country in which he resides.

The position in which a woman is delivered varies. In some countries she sits on the lap of another. In others, a stool or a chair of a particular form is used.—Objections to these.

The position generally adopted in this country is the left side, either above, or under the bed-clothes. — Considerations respecting the matter.

Guarding the bed—what?

Incidents connected with the first Stage of Labour.

Its signs—pain one of the first.—Its origin and progress explained.—Its periods of recurrence. —Its cause.

Pain from other causes ought not to be confounded with that of labour—observations on this subject.

Show, another sign of labour—its composition—its seat—its use.

Judgment respecting labour formed from its presence.

Rigors as a symptom of labour. They are sometimes connected with strong pains—then favourable; at others, a symptom of fever, or internal inflammation—then dangerous. A distinction is necessary.

Vomiting. This is frequently symptomatic of strong pains, but sometimes of internal inflammation. How to discriminate?

Micturition and Ischury. They may both occur during labour. Their cause was explained when on the recent pelvis.

Tenesmus, or bearing down. Its cause and connexion with labour explained.

Observations on certain Proprieties of Conduct concerning Labours.

Always go as soon as sent for, why?

Take care to avoid any conduct that can occasion surprise or alarm; as this tends to check, and sometimes to divert the labour pains.

If the labour be in an early stage, do not stay in the room too long at once.

The proper time for examination, explained.

Observations on the repetition of examination; and the objects to be kept in view.

The progress of the first stage of labour—traced.

[illegible]
[illegible]
[illegible]
[illegible]

The proper time to break the membranes.

The disadvantage of breaking them too soon.

The Second Stage of Labour.

What?

This is the proper time for ascertaining the presentation and situation of the child.

If the pains are strong, the child readily descends.

The time when assistance becomes necessary.

The manner in which the child passes through the external parts—explained.

Cautions particularly necessary at this time.

Expulsion of the body of the child, how assisted.

What is to be attended to before tying the navel-string?

The parts where the ligatures should be made.

The kind of ligature most proper and cautions necessary in making them.

The separation of the child.

Third Stage of Labour, or Extraction of the Placenta.

It is not to be brought away immediately after the child. Why?

The interval may be employed advantageously. How?

Before the placenta is brought away, it should

be clear that there is not a second child. How known?

After waiting a quarter of an hour, the cord may be laid hold of, and put moderately on the stretch, the force afterwards gradually increased.

The uterus is not always in a condition to expel the placenta soon.

What is to be done in these cases?

The propriety of the different modes of practice inquired into and explained

Flooding or inversion of the womb, are accidents likely to occur at this time, and therefore ought particularly to be guarded against.

When these accidents occur, what treatment ought to be adopted?

Reduction of the uterus impracticable unless speedily attempted.

A caution respecting reduction.

Inversion of the womb sometimes partial—how known?

The proper treatment.

Some commit the expulsion of the placenta to nature. This is objectionable, as many die.

The navel-string is sometimes broken. The proper mode of proceeding here.

Impediments to the extraction of the placenta arise, sometimes from a schirrous adhesion; at others, from irregular action of the uterus.

Scirrhous adhesion will generally require the introduction of the hand, especially if the chord is broken.

After [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]
[illegible]
[illegible]

The mode of separation explained, with practical observations.

Impediment to the extraction from irregular action of the womb, depends either on an untimely contraction of the *os uteri*, or a preternatural constriction at one part of its body.

The natural and perternatural contractions considered.

The manner of overcoming this irregular action.

An opiate may sometimes be useful.

If a flooding ensues, a more compendious mode of treatment may be expedient.

Lingering Labour.

Definition.

Its cause will be better understood after the cause of labour in general has been explained.

The explanation depends on considerations relating to the powers by which the ovum is either retained in utero, or expelled by it.

The ovum is retained by its bulk, attachment, closed state of the os uteri, and rigidity of the passages. These operate on the principle of *resistance.*

This resistance is opposed by contraction of the uterus, diaphragm, and abdominal muscles, on one common principle, called *moving power.*

Deduction from these premises.

There are *two* general causes of lingering la-

bours, viz. defect of pain, and increased resistnace.

Defect of pain, may depend on debility, plethora, passions of the mind, an over distention of the uterus, and any thing that may check the general exertion of nature.

Debility requires the use of means that can give strength, and afterwards to stimulate—how to be accomplished.

Plethora requires blood-letting, and sometimes a stimulus afterwards. It is injudicious to stimulate before evacuation.

Passions of the mind divert the pain, therefore all causes of mental agitation should be avoided.

Over distention of the uterus will check the pain; when this depends on waters being too abundant, what should be done?

Impediments to the general exertion of nature may depend on various causes, the treatment of which must be regulated by the peculiar circumstances of each.

Increased resistance from various causes may occasion lingering labour, viz. from toughness of the membranes, rigidity of the passages, disproportion of parts, unfavourable situation of the head.

Toughness of the membranes impedes the advancement of labour by not breaking at a proper

time. The proper management on these occasions.

Rigidity of the passages may be easily ascertained; and the knowledge of it leads to the following indications, viz. to effect a relaxation of parts, to gain time, to guard against accidents, and to encourage the patient.

Disproportion of parts retards labour, only a slight disproportion is here supposed. The manner of judging when this cause exists.

Also unfavourable situation of the head—how judged of, and the proper indications.

Observations on some causes of lingering labour which are considered doubtful, viz. the premature bursting of the membranes, the navel-string around the neck of the child, the shoulder hitching on the os pubis, and the anchylosis or rigidity of the coccyx.

Laborious Labour.

Definition.

Its cause is either disproportion between the pelvis and the head; or defect of pain.

The disproportion may depend on narrowness of the pelvis; enlargement of the head; or both.

Disproportion varies in its degrees, the lesser of which are relievable by gentle means, the greater by more severe treatment.

Both merit consideration.

The milder kind of laborious labour is ma-

nageable by the lever or forceps, which do no injury to the mother or child, if properly used; the more severe kind require the perforator and crotchet to remove the disproportion. We shall first consider the lesser disproportions.

Different modes of relief have been proposed, viz. the fillet, lever, and forceps.

Observations on the *fillet*, with its disadvantages.

The *Lever*. Its history and improvements.

The *Forceps*. A variety of specimens are shown, and their disadvantages considered.

Considerations regarding the Use of the Forceps.

These comprehend, 1st. The propriety of using them. 2d. Rules necessary to be attended to in all cases. 3d. Rules applicable to particular cases.

Various reasons may be assigned for using this instrument; but these are not all of equal weight.

A very urgent reason is, where the head has descended low down in the pelvis, pains have been strong, but now going off. patient much exhausted, flooding or convulsions attending.

But the forceps may be used with great propriety in cases less urgent. This subject considered.

Before the forceps is used, it will be proper to have the bladder and rectum evacuated.

The patient may lie on the left side in every situation of the child's head; but some atten-

tion is required to avoid certain inconveniences. This explained.

The forceps should be warmed.

The os uteri fully dilated.

The head descended low down.

The instrument to be introduced during pain.

As both blades have the same construction. it is indifferent which is passed first.

The direction of the blades must be determined by the situation of the ears of the child.

Observations relative to the convenience of passing up the blades, so as to effect a proper locking.

The mode of introducing the first blade more particularly explained, with observations on the manner of introducing the other.

The test of good or bad hold considered, together with the manner of exchanging the latter for the former.

The proper time for drawing down, and the most advantageous mode of doing it.

The application of these Rules to particular Cases.

No part except the head is proper for the forceps; and this only in two presentations, viz. *vertex* and *face*. When the vertex presents, the face may have different situations with regard to the pelvis; from this the French have formed *six* cases.

These admit of reduction into *two*, viz. the

ears towards the sides of the pelvis; or opposed to the sacrum and pubis.

When the ears are towards the sides of the pelvis with the face in the hollow of the sacrum, the blades should be introduced, 1st. below, 2d. above. Why?

The general rules being here attended to, the termination of the case will be effected without difficulty.

When the face is situated towards the pubis, the head passes with more difficulty. Why?

This may sometimes make the forceps necessary.

Different opinions concerning the management of these cases, with their advantages and disadvatages.

The forceps may be introduced as in the last case, but the utmost care will be required to extract the head without lacerating the perinæum. The cautions necessary to be observed, explained.

When the ears are opposed to the pubis and sacrum, the practitioner must inform himself to what part of the pelvis the face is situated. Why?

Here the first blade should be introduced in the direction of the pubis. Why?

The instrument being fixed, the face should be turned into the hollow of the sacrum by the shortest route.—This illustrated.

The Face Case.—Defined.

The forceps is not always necessary in this

presentation; for strong pains will frequently expel the head.

Before the use of the forceps can be here rightly comprehended, the manner in which nature terminates these cases should first be explained.

The most simple face case is, where the chin is opposed to the pubis. Why?

The manner of introducing and fixing the instrument being understood, the next concern is to keep the chin as low as possible, to facilitate the descent of the head, and to extricate it from the external parts with safety.—This demonstrated.

When the chin is situated at one side of the pelvis, the object is to incline the chin to the pubis, and proceed as before.

The chin is sometimes situated towards the sacrum: here extraction of the child *alive* is scarcely to be expected, unless the head be very small. Fortunately, these cases rarely occur.

Observations on the Use of the Lever.

The management of the lever supposes a knowledge of the general rules for using the forceps, also the necessity for using it should be well ascertained.

The lever may be used soon after the head has completely entered the pelvis; but the lower the descent, the greater the advantage.

This instrument may be applied either on the

occiput, or along the side of the face by fixing the fenestra of the blade upon the chin.

Cautions against injuring either the child or the mother by its use.

Laborious Cases requiring the Use of the Perforator and Crotchet.

When neither the lever nor the forceps can be used with advantage, we have recourse to this disagreeable alternative. As the child must in these cases be destroyed, the expediency of this ought to be well ascertained, and this may be done in different ways.

Observations on the result of her former labours may sometimes assist us.—How far?

It is safer to trust to measurement of the pelvis, together with accurate obervations respecting the head.

Cautions to be observed in conducting this inquiry.

The necessity of opening the head may depend on different causes, but which are resolvable chiefly into *one*, a defect of room.—This explained.

But a perforation is sometimes admissible when the child is dead, and where the disproportion is slight. Here, no doubt should exist respecting its death: therefore the different signs of it should be well examined, viz. great mobility of the bones of the head, separation of the cuticle, emphysema, want of pulsation of the cord, pu-

trid discharge, want of motion in the child, discharge of the meconium, &c.

Further observations on the propriety of opening the head, with cautionary remarks.

The instruments for performing the operation are various. Several specimens of which are shown, with remarks on their advantages and disadvantages.

Those at present in use are, the perforator, crotchet, and blunt hook.

The operation consists in introducing the left hand as a guide to the perforator, which may be applied with the greatest advantage upon a suture—in a careful dilatation of the opening—in breaking down the texture of the brain, and extracting a sufficient portion of it—in introducing the crotchet, fixing its point in the bone from the inside, and drawing down—in guarding against injury to the woman from the slipping of the instrument—in removing separated portions of the bone with care, &c.

Observations on the proper time for drawing down with the crotchet in different cases.

The particular management of cases where extreme difficulty attends.

Preternatural Labour.

In these cases the head comes away the last part.

A division of them may be formed into two classes.

First. When feet, knees, or breech present, the child can pass through the pelvis in any of those directions.

Second. When any other part presents, turning is necessary.

The presentation of the feet being the most simple of the preternatural cases, this ought to be considered first.

Observations respecting the situation of the toes with regard to the pelvis, as affecting the management of the case.

Before delivery ought to attempted, the os uteri should be fully dilated.—Why?

When delivery is proper, great care is necessary to bring away the child without injuring either it or the mother.

The manner of conducting this demonstrated, with the cautions necessary to be observed.

The extraction of the arms and head are the parts which require the greatest attention.

When the toes point towards the ossa pubis, they should be inclined towards the back of the woman as soon as the thighs can be laid hold of, then proceed as before.

The Breech Presentation.

The Breech Case.—How known?

It should be distinguished from a hip presentation. This last may be changed into a breech case.

Here the child's back may be situated either

to the anterior, posterior, or lateral parts of the woman. The first of these is the most simple case.

When both child and pelvis are standard, and pains sufficiently strong, nature will terminate the case.

When any of these are wanting, help will be necessary.

If the child is near the outlet of the pelvis, a finger may be introduced into the groin.

If too high for the finger, a blunt hook.

Cautionary observations on the manner of giving assistance in each of these ways.

If the pelvis is too narrow to admit the breech bring the legs down and open the head.

In breech cases, where the child's belly is situated forward or towards the sides of the pelvis, it should be inclined backwards as soon as it projects beyond the external parts.

The presentation of one foot, to be managed partly as a breech case, and in part as a foot case. —Explained.

One or both knees presenting.—How managed?

Turning.

When neither the head, breech, nor lower extremities present, this operation will be necessary.

The practice of the ancients in such cases.

A concise historical view of this operation.

Rules are necessary, as well to judge of the expediency of the operation, as to direct the

practitioner to the proper mode of performing it when required.

Turning is sometimes thought proper when the *head* presents; here the concomitant circumstances must determine the propriety—these circumstances usually are, *unfavourable situation of the head—flooding—convulsions—want of pain—want of room in the pelvis—oblique situation of the uterus—a prolapse of the navel-string with the head.*

Unfavourable situation of the head may require turning where the position cannot be rectified by the hand or lever.

Flooding and *Convulsions.* The propriety of turning these cases will be considered when treating of those particular subjects.

Want of pain. In this and the following cases the head is supposed to rest upon the brim of the pelvis. Turning ought not to be proposed after the head has entered the pelvis—why? In those cases the lever or forceps may help.

Turning is admissible where there is a want of pain, provided unfavourable symptoms appear while we are waiting to give nature an opportunity to act—illustrated.

Want of room. There are opposite opinions concerning the propriety of turning here; for if

the head cannot be extracted very soon after the body, the child dies; and the object of the operation is defeated—the question more fully considered.

Obliquity of the Uterus. Turning is seldom necessary on this account.

Prolapse of the Navel-String. In these cases, some favour turning, others oppose it. The object being to save the child as well as the mother, we ought not to turn without a prospect of success. Different considerations on this subject leading to the admissibility of turning when the four following conditions unite in the same case, viz. 1st. A pulsation of the cord proving the life of the child. 2d. Its head not having yet entered the pelvis. 3d. Pains not strong. 4th. A relaxed state of the external parts to admit of a ready extrication of the head.

No practitioner is justified in turning the child from any motives of conveniences to himself.

Further considerations on the propriety of turning, and on circumstances tending to make the performance of that operation easy or difficult.

Neither bladder nor rectum ought to be distended at the time of turning.

In the operation of turning, the following rules should be attended to, viz. To know the general position of the child—to use the right or left hand according to the situation of the child's feet—to prepare the hand before it is introduced—to have

the uterus supported by an assistant—to guard against introducing the hand on the outside of the membranes—to convey it to the feet in the most gentle manner possible, desisting from the attempt during the pains, and proceeding in the intervals—to exhibit opium where difficulty arises from frequent and strong pains—to carry the hand sufficiently high to reach the feet—to avoid mistaking a hand for a foot—to be certain that both feet belong to the same child—to draw down gently—and to guard against drawing the child doubled into the pelvis.

Applications of the general Rules for Turning, to particular Cases.

The principal being understood, their application becomes easy.

The Back presentation requires turning.

It may be known by feeling the spinous processes of the vertebræ, in the middle of the pelvis.

The peculiarity in the mode of turning here, consists in conveying the hand up to the feet by crossing the back. The most convenient manner of doing this explained.

The Arm presentation.

It is sometimes difficult when the shoulder is wedged in the pelvis, and pains strong.

An arm presentation seldom requires turning

before the sixth month ; but it is generally necessary at the seventh, and sometimes earlier.

Further considerations on this subject.

Sometimes a hand comes down with the head ; this is not a true arm case—observations on its management.

In arm presentations, the child has sometimes spontaneously turned round in utero, and its breech has presented *(spontaneous evolution)*; such children have usually been born dead.

Can any general principle or practice be deduced from this fact?

It is certain that many arm presentations occur in which nature discovers no propensity to an evolution ; waiting in such cases must be very disadvantageous where turning becomes ultimately necessary.

Turning in the arm-case is difficult when the shoulder is wedged low down in the pelvis, and the pains urgent. Here moderate the pains by opium, and gently elevate the shoulder to make room for the introduction of the hand.

In this attempt due regard must be paid to the general rules for passing up the hand to the feet; first observing whether the child's belly lies towards that of the woman, or the contrary.

Sometimes uncommon difficulties occur; here the force necessary to surmount the obstacles should be tempered with prudence ; and sleight, where it is possible, should take place of force.

In some particular cases embryotomy may be

necessary—the mode of conducting this explained.

Sometimes a difficulty attends the extraction of the child after it is turned—here water or air in the abdominal cavity may be a cause—how to proceed in these cases.

But a more common obstacle is in the head.

Obstacles to the Extraction of the Head.

These depend either on unfavourable position or disproportion.

The former is the effect of mismanagement; the latter is inevitable.

Malposition of the head may be guarded against by duly attending to the principles laid down when we described the head with relation to the pelvis. An attention to those principles further insisted on, both for preventing and relieving in cases where the chin or occiput are wedged towards the pubis or sacrum.

Difficulties sometimes occur at the outlet—their prevention and management explained.

Disproportion between the head and the pelvis, varies in its degree—when slight, the obstacle may be removed by placing the head in the most favourable position for passing through—directions for conducting this.

Delay in extracting the head, though only for a short time, is generally fatal to the child.

Here, as in all dubious cases, inflation of the lungs by a proper instrument is proper—explained.

When the disproportion is considerable, it must be removed by opening the head without separating the body from it.

Parts proper for the operation, with the mode of conducting it.

The management of cases where the head has been left behind. Such cases cannot with safety be committed to nature, especially if there be disproportion.

Various proposals for extracting the head when separated from the body considered. Most of them disadvantageous.

The perforator and crotchet are the best means. The manner of using them described.

Twins.

When the management of labours where there is one child is rightly understood, those where twins exist cannot be difficult.—Why?

The existence of twins how known?

The signs of twins very equivocal, when judged of during pregnancy. An illustration of this position.

During labour, and before the birth of the first child, circumstances do sometimes occur which indicate twins.—What?

The most practical time of judging concerning twins is after the birth of the first child. Then an opinion may be formed, either from the pains, manual examination by the vagina

and uterus internally, or by laying the hand on the lower part of the abdomen.

Practical considerations on these different modes of forming an opinion.

The last mode is preferable to the former.

Concerning the management of the second child *three* different opinions exist. *First*, Is to deliver immediately. *Second*, Is to commit the business entirely to nature. And *Third*, To adopt an intermediate course.

Objections to the two former modes proposed.

The last is recommended.

It is thought eligible to conceal our knowledge of the second child until it is coming into the world.—Why?

The manner of doing this, and of proceeding in cases where pains come on, and where either the head, feet, or breech, present.

The mode of proceeding when the pains do not come on.

Such cases as require turning where there is only one child, require it equally in twins.

When the second child is born, examine for a third, &c.

The placenta must not be extracted until all the children are born—why?

The manner of doing this.

Monsters.

These are fœtusses which differ from the common form.

been punished many almost
without any pain at all.

Prognosis. often miscarry
& lose or die in fits
up without any obvious cause.
W. P. is not perfectly safe all
tho' there is no discharge of
blood. The life of the child
may be preserved after the 7th
day & it thus dies the cause
of the 8th but before the 7th.
It seldom happens that the
child is brought to maturity.
& generally is stillborn.

Treat. The 1st day — Keep
Room dark & quiet — Antispas.
Medic. & especially Opium fly
cold water supporting Diet.
q. v. & Circumstances. & if
in 6th hour. (& if in advanced
Rect.) P.o & tonyfte. in
herself. Perfect Rest — repeat
ly &c. for some weeks.

State (System in general
Bowels — Stomach — Debility &c

hereon symptoms & diseases.
& finally tonic medicines such
acid bitters &c. Simple diet
& air. Mercurial attacks
& recurrence of & &
sentiment. & Palm Val
of the Wulph in 3/ & 3/ 3
Carbonate ad ℥j pro dos.

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The mode of formation is very obscure, and the causes which divert nature from the ordinary course of evolution are not understood.

A knowledge of the different forms of monsters is useful in practice—how?

Monsters considered relatively to practice may be divided into such as have a *deficiency*, *redundancy*, *mal-formation*, and *mal-situation*.

Practical observations on each of these.

Deviations from the common period of Birth.

Most labours occur at the end of nine months. Many happen before that time. But can a woman exceed nine months?

Opposite opinions on the matter.

The possibility of its existence in the human subject is probable from observations on brutes.

This subject comprehends a question of law relative to the legitimacy of issue.

But to what extent pregnancy can be protracted beyond the usual time, is difficult to determine.

Premature Birth.

These are very common, and may occur in any period.

Some of these live after birth; others not; hence the distinction into vital and non-vital. Observations on this point.

Miscarriages are supposed to occur more frequently at some periods of pregnancy than others. Explained.

Practical observations.

The immediate cause of miscarriage is the same as that of labour; therefore pains from uterine contraction should be either moderated or removed. Miscarriage may be produced by separation of the placenta; premature breaking of the membranes; or any thing which can destroy the fœtus.

A miscarriage from accident will sometimes occasion a susceptibility to future miscarriges

This subject further considered. Practical reflections.

A miscarriage sometimes is not preceded by any considerable discharge of blood; at others it is. The difference accounted for.

Miscarriages preceded by a discharge of Blood.

These are more dangerous than the former, and therefore merit particular consideration.

Their signs are, discharges of blood at unexpected periods, having a disposition to coagulate, with pain, bearing down, &c.

Some judgment is necessary to discriminate between such discharges and the menstruations in the early months of pregnancy. This subject fully dilated upon.

The earlier the period of pregnancy is at

which these miscarriages and floodings occur the less dangerous they are to the patient. *Et vice versa.*

Treatment of Miscarriages in the early Months.

The patient when in expectation of it should be kept quiet in body and mind, her position should be horizontal, and kept very cool, every thing heating or stimulating should be particularly avoided, blood letting must be regulated by the pulse. Nitre, mineral acids, opium, &c. to be administered according to circumstances.

Frequent returns of hemorrhage may lead to considerations on the propriety of promoting miscarriage. The arguments for and against this matter, compared.

Observations on the use of styptic applications to the os uteri by means of plugs, where this part is not disposed to dilate.

When disposition to miscarriage is very evident from the relaxed state of the os uteri, this may sometimes be improved by management, and the uterus evacuated.

Observations on the use of instruments.

All discharged coagula should be examined, lest they contain a miscarriage unobserved.

Preparations to shew the various forms of miscarriages.

Miscarriages in the latter Months.

The danger here is much greater than in the early months.—Why? And its degrees depend on the quantity of the blood, together with its effect on the pulse.

Separation of a part of the placenta is the cause of these discharges.

These separations often arise from the placenta being attached near the os uteri.

In all flooding cases a hurried circulation should be guarded against; and the general plan of treatment, before described, may be adopted.

When the discharge is checked, great caution is necessary to prevent return.

A repetition of discharges having weakened the patient, we are led to consider the propriety of delivery. Delivery may be accomplished in two modes; 1st. by inviting natural labour; and 2d. by the more active practice of turning.

The violence of hemorrhage, disposition of the parts, and state of the pain, influence our choice. But when the placenta is situated over the os uteri, active assistance will generally be required. Here turning, as soon as the hand can be introduced, will be expedient. These principles illustrated by apposite cases.

In some cases, merely breaking the membranes has checked the discharge.

Flooding after Delivery.

This is frequently the consequence of an inert condition of the uterus.

It cannot always be trusted to nature with safety.

The danger may be estimated here, as it is in other cases; and the activity of the treatment may be regulated by the degree of it. A faultering pulse, deliquum, cold extremities, always require assistance.

Different methods of proceeding, explained, viz. the external and internal application of cold. Stimulating the uterus by the introduction of the hand. The local use of astringents, &c.

Pain of the head connected with flooding. This is the effect of inanition, and usually continues until that state is removed; of course medicine is of little service.

Practical observations.

Excessive restlessness is another consequence of violent flooding, and is extremely dangerous.

Fevers connected with Parturition.

These are generally dangerous. Intermittents are the least so, but some exceptions occur.

The distinct kind of small-pox, as having

little fever, is not exceeding dangerous; the confluent kind is highly dangerous.

In all fevers the danger is aggravated by parturition.—Why?

Parturition is not made difficult by this combination; some think it is more easy.

When delirium attends, the symptoms of labour should be diligently watched, and the necessary assistance given.

The general treatment of fevers will be the same in these complicated ones as at another time.

Convulsions.

These are particularly to be deprecated during pregnancy. They exist under two forms, viz. the acute and chronic. Their cause has been referred to opposite conditions of the body, as plethora and inanition.

These, probably, are insufficient without some irritation.

Plethora can easily be removed; but inanition is more difficult; consequently convulsions from the latter cause are more dangerous.

The irritation should be removed if possible; but we ought first to ascertain its seat. Particular attention should be paid to the primæ viæ, uterus, &c.

Acute and chronic convulsions should be distinguished; the latter are sometimes only a

mode of hysteria. A frequent recurrence of acute convulsions, with intervals not lucid, portend the utmost danger.

The treatment must be regulated by the cause. When plethora exists, bleed. It is proper to clear the alimentary canal, in order to remove any irritating cause there. Also assa fœtida, opium, &c. by glyster, with a view to moderate nervous irritation. The warm bath, volatile medicines, ol. animal. musk, camphor, &c. may be tried.

Considerations on the propriety of promoting delivery in these cases.

Extra Uterine Cases.

These do not terminate by the common passages as other kinds do; but sometimes in the form of an abscess on the abdomen, from which a putrid fœtus or its bones are discharged; at others, these bones escape by the rectum.

Extra uterine cases are of three kinds, viz. ovarian, tube, and ventral—These explained.

At, or near the usual period, pains may come on, but labour does not advance; there may be frequent returns of them, and at last go off.

A woman may remain in this condition for years, and then be the subject of an operation, which consists in cutting into the cavity containing the child, extracting it, and afterwards closing the wound by sutures.

Such operations have been improperly called *Cæsarean operations.*

The true Cæsarean Operation.

This always supposes an incision made into the uterus, and may be necessary both in the dead and living subject.

In the first case, no delay can be permitted after the death of the woman, as the child does not survive her many minutes.

If she die in labour, forcible delivery would be proper.

In the living subject, the chances of complete success are but few: hence the expediency of the operation should be well ascertained.

It should never be proposed in any case where delivery by the natural passage is possible.

The manner of judging concerning the propriety of the operation.

Whence arise the frequent failures in this operation. The admission of air is a doubtful cause. The subject experimentally considered.

The Cæsarean operation is performed by an incision in the course of the linea alba six inches in length, and carried into the cavity of the uterus to the same extent. The placenta should be avoided when possible. The child should be extracted by the feet. Necessary cautions on these subjects.

Observations on the extraction of the placenta.

The patient will require much attention after the operation, to obviate or remove the symptoms of irritation, too frequently very violent in these cases. Hence, rest by opiates, also laxatives, glysters, fomentations, &c.

The Section of the Symphysis Pubis.

This has been proposed as a substitute for the Cæsarean operation, but it is only an imperfect one, and is now fallen into neglect.

Its defects considered.

Treatment of Women after Delivery.

Observations on certain attentions which more properly belong to the nurse than the accoucheur.

In cases where every thing goes on properly a very simple treatment is required.

Observations on diet and medicines.

After-Pains.

These should be distinguished from pains arising from other causes, more especially from internal inflammations, viz. enteritis, inflamed uterus, puerperal fever, &c.

After-pains are the most violent in those who

have had several children, and usually cease in two or three days.

They arise from contractions of the uterus, and intermit like labour pains. They may be aggravated by coagula in utero.

Their treatment is generally by opium.

Practical observations.

Symptoms of flatulent colic sometimes attend; here carminative glysters, and aperients, are proper; sometimes opium afterwards.

Lochia.

What?

The quantity varies much; some have several times more than others, yet both may do equally well; but this discharge may be in excess. How known? it gradually changes its characters from blood to serum, &c.

The period of its cessation is variable.

Further remarks.

Lochia suppressed, suddenly, sometimes excites apprehension; but not dangerous when idiopathic. The danger is greater when symptomatic of internal inflammation.

Practical distinctions on this subject.

When a symptom of internal inflammation, this last is to be the subject of medical treatment.

Lochia too profuse, is allied to flooding after delivery, and a similar treatment may be necessary.

Further considerations.

Inflammation of the Uterus.

Its symptoms are pains below the navel on the second or third day, has no intermissions, pressure distresses, attended with symptoms of acute fever, and suppression of the lochia.

It may arise from violent, or improper management during labour.

A diminution of pain, and return of the lochia, are favourable signs.

The treatment consists in early and copious blood-letting, also topical evacuations, fomentations, blisters; likewise copious evacuations by the bowels.

Further practical considerations.

Puerperal Fever.

This term, if literally employed, might comprehend any fever happening in the puerperal state: but we use it with some restriction. This seems necessary to prevent confusion, and to convey a more precise idea of the complaint.

The fever we now treat of, is *contagious, attended with pain in the head, and intense pain in the abdomen.*

The abdominal pain here should be distinguished from the pain arising from the distention of the bladder, from colic, after-pains, enteritis, inflamed uterus, &c.

Practical rules for making such distinctions.

Facts prove that this contagion is of a very active kind.

The commencement of this disease from the time of parturition is various: generally on the second or third day: sometimes as late as the fifth. A much later time has been observed.

Its duration indefinite: sometimes only thirty-six hours; at others nine or ten days. Often terminates fatally on the fifth.

The true seat of this disease is ascertainable only by dissection. Describe the appearances.

The prognosis is always unfavourable, but not at all times equally so. A very quick pulse, with much tension on the abdomen, indicate extreme danger.

A sudden cessation of pain that has lately been violent, unless attended with a favourable pulse, should be regarded with distrust.

Treatment.

Different plans have been proposed.

Bleeding has been recommended by some on the idea of internal inflammation.—Has been objected to by others.

In cases where active inflammation exists with strength, blood-letting is proper. Also local evacuations.

Purging has been strongly recommended, and should be continued as long as relief is obtained ; vomiting has been much practised, both in France and in this country. It generally relieves, but very often fails in the cure.

The great fatality of this complaint proves, that no specific has yet been discovered.

Some have of late insisted much on the advantage of very early and copious blood-letting.

Attention should likewise be paid to the palliation of urgent symptoms, viz. pain, by fomentations, anodyne liniments, rubefacients, &c. Sickness and vomiting, by the saline draught in a state of effervescence, opium, &c. Also symptoms of putrescency in the advanced stages of the complaint, by bark, wine, &c.

Milk-Fever.

This comes on about the third day, with rigors and other febrile symptoms, attended by a painful distention of the breasts, which abate by the discharge of the milk. Hence the remedy is obvious.

Many women wish to have the milk repelled.

This is sometimes effected with ease and safety ; at others, not.

In such cases much attention is necessary to prevent abscesses from forming in the breast, as also feverish symptoms, that often occur at this time.

The propriety of using repellents considered.

Practical observations.

Swelling of the Lower Limbs.

This has an œdematous character.

It begins above the groin, and extends to the feet.

May attack either one or both sides.

The time of its commencement from delivery is variable.

Its cause is obstruction in the lymphatic glands.

This explained.

Success in the treatment depends on the early resolution of the inflammation of the glands; thus to render them pervious to the passage of the lymph; and afterwards to invigorate by means of tonics and stimulants.

Observations on the means necessary to fulfil these indications.

Suppuration should be avoided if possible.

Laceration of the Perinæum.

This is less disposed to heal than an incised wound in the same part; yet the attempt should be made.

The proper means for which considered.

Excoriation and ulceration of the labia, with observations on their treatment.

Diseases of Children.

We confine ourselves to those which prevail in early infancy. Of these, some belong to the surgeon, others to the physician.

Of surgical complaints, some arise from the birth, others existed while in utero, and others again appear after birth.

Of the first kind are the different effects of pressure on the scalp producing inflammation, abscess, or gangrene; to be treated by the common rules of surgery.

Pressure extending to the bones of the head, produces mole-shot head, or horse-shoe head. What?

Observations on their treatment.

Injuries from instruments considered.

Palsy of the arm from pressure on the axillary nerves, how avoided.

Fractures in the birth.

In what cases most likely to happen.

These always to be taken care of like other fractures, and not committed altogether to nature.

Cautionary remarks on these cases.

Under surgical diseases which existed before birth, we may rank swelling on the head, containing a fluid; cohesion of the labia pudendi, or eye-lids, tongue-tied, hare lip, hernia at the navel, spina bifida, malformations of the intestinal canal and urinary passages.

Swellings of the Head containing a fluid.—These are often seated on the parietal bone. Are to be distinguished from herniæ cerebri. Are often cured by astringent embrocations. Opening not generally necessary.

Cohæsion of the labia pudendi—considered when on the genitals.

Cohæsion of the eye-lids. If in other respects well-formed, may sometimes be relieved by an operation. How?

Tongue tied is often suspected when it does not exist. How known. Cured by dividing the frænum with scissors, avoiding the sublingual vessels.

Hare-lip. We consider only the proper time for operating, viz. whether before putting the child to the breast, or after it is weaned, is best. The arguments on both sides.

Umbilical Herniæ. Under this term are comprehended some malformations of the navel and circumjacent parts.

The size of these, varies.

When very small are sometimes cured by constant pressure. How made?

When large, are generally fatal.

No operation can relieve in these cases.

Spina bifida. Why so called?

Is known by a tumour on the spine coeval with birth. Most commonly on the loins.

Its character varies; sometimes like a bag of water, at others, flat and shrivelled.—Causes producing these varieties.

Sometimes combined with hydrocephalus.

Sensation of the lower limbs sometimes impaired.—Why?

The tumour to be prevented from bursting as long as possible, as death speedily ensues.

Mode of distinguishing spina bifida from other diseases of a similar appearance.

Malformation of the urinary passages—are of different kinds. When prepuce is imperforate and elongated, a portion may be removed.

When the glans penis is imperforate, different kinds of treatment will be necessary, according as a preternatural opening may exist or not.

The success in such operations is uncertain.

Sometimes a retention of urine without any malformation;—a bent probe or small catheter may relieve.

Imperforate anus. When suspected. It may be easily relieved by puncture. Observations on this matter.

When a stricture is above the anus, relief is less certain; and the higher it is seated, the less probable the success.

Different cases, with proposals for their relief considered; but the event very doubtful.

The rectum sometimes ends in the bladder in boys, and in the vagina in girls.

Of the surgical diseases which make their attack after birth, are the lues venerea, swallowing of the tongue, purulent eye, and discharge from the ears.

Lues Venerea. Its signs are sometimes less evident in the infant than in the adult. Why?

When infants have dubious symptoms not yielding to the common modes of treatment, mercury may be tried.

It is not always prudent to betray suspicion.

The question, how far the disease is transferable from parent to child, examined.

Swallowing the Tongue.

Its signs.

Treatment.

Purulent Eye.

Appears in a few days after birth.

Its symptoms and progress.

Cause. Relaxed vessels of the conjunctiva.

Treatment. Astringent washes of various kinds.

Purulent Discharge from the Ears.

This occurs sometimes from behind the ear, at others from the meatus auditorius.

Cure.—By astringent lotions, &c.

Diseases of Infants requiring MEDICAL *Treatment.*

Much obscurity often attends this part of medical practice from the uncertainty of diagnosis. Why?

Such questions should be asked as more particularly point at infantile complaints.

The state of the pulse in infancy is but an uncertain criterion of disease.

The existence and degree of fever are better known by the heat, thirst, and frequency of respiration.

Diseases of early infancy depend principally on three causes, viz. irritability, acid acrimony in the primæ viæ, and over-feeding.

Irritability, as depending in part on a condition of the nervous system existing in all children cannot be completely removed; but the effects of stimulating causes may frequently be much moderated by antispasmodics, &c.

The existence of acid acrimony in the primæ viæ is obvious to the smell, and indicate the use of antacids.

Over-feeding, how occasioned. Nature relieves herself by vomiting.

Red-gum. A disease of little moment, except to distinguish it from the measles. — How known?

Aphthæ may be suspected when pain is ex-

pressed during sucking, with soreness of the nipples. It is easily known by the white specks on the tongue, &c.

It admits of distinction into the mild, and malignant.—How?

The mild kind treated by local applications, as honey, borax, &c.

The malignant, as being attended with fever and watery gripes, is frequently less manageable.

Besides cleansing the mouth, attention must be paid to the fever; in the beginning by clearing the primæ viæ, afterwards by bark guarded by opiates.

Observations on the common received opinion that the thrush passes through the intestines.

Convulsions may be distinguished into the acute and chronic.

In the former the child sometimes dies in the first attack; therefore active treatment becomes expedient.

Children are much disposed to these from their excessive irritability; consequently all irritating causes should be avoided, or removed.

These causes may be seated either in the primæ viæ, or in the constitution at large.

The former may frequently be dislodged by vomiting, or purging. In urgent cases, the most expeditious mode of doing this is the best.

The general irritation may be much moderated by opium, musk, assa fœtida, warm-bath, &c.

Convulsions succeeding an acute disease in an advanced state are generally fatal.

Chronic convulsions often end in idiotism.

Icterus. Often disappears in a few days by discharging the meconium by means of rhubarb, &c. Sometimes an emetic may be serviceable. The vin. aloet. alkalin. has sometimes been recommended.

There is a species of icterus attended with emaciation, wrinkled face, and shrill voice which is fatal.

Watery gripes. This is the common consequence of a deprivation of proper breast milk. The remedy is therefore obvious. The testaceous powders combined with aromatics and opium, are sometimes serviceable.

Erysipelas infantilis. It begins sometimes at the navel, at others at the genitals, extending to the back and belly.

It attacks different constitutions, its progress is very rapid, and often ends in mortification; bark and wine may be given internally, and camphorated spirit applied externally.

Periodical Colic. It sometimes occurs when the nurse menstruates. It may be moderated by gentle opiates.

Observations regarding a wet nurse.

REGULATIONS.

1. EACH gentleman will have labours in proportion to the number of courses he subscribes to, and will be served in rotation as nearly as the nature of things will allow.

2. Notice to be in readiness to attend a labour will (when time will allow) be given to each gentleman, either by verbal message or in writing; and it is recommended to him to accept of the offer if possible; in any case a decided answer is expected.

3. Every gentleman engaging to attend a labour when called on, will (agreeably to his own promise) be expected to hold himself in readiness for that purpose; but in case of failure, and it becomes necessary to send another in his stead, (a circumstance which must always be attended with vast delay and much inconvenience, and often danger to the patient), the gentleman committing such neglect forfeits one labour from the number allotted to him.

4. Every gentleman who goes to a labour is expected to stay until it is finished: but in case he is called where the patient is under a mistake, he may leave her, having previously taken proper methods to acquire the necessary information. In this case it is recommended to him to call on her again soon, and in case of disease Dr. Haighton should be informed of it.

5. In cases of difficulty or danger during labour, the gentlemen attending is requested to send, if possible, a written message to Dr. Haighton; but he is on no account to leave the patient.

6. It is recommended to each gentleman going to a labour, to have with him an opiate, and some common aperient medicine, such being frequently wanted after delivery.

7. As every gentleman undertaking a labour necessarily pledges himself to attend the woman during her recovery, he will consequently see thee propriety of calling on her each day until she is in a perfectly safe condition; and in cases of serious indisposition, Dr. Haighton should be informed it.

FINIS.

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